MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

05537

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Kent
City or town Chestertown rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Kent & Queen Anne Hospital
Stay in hospital or inst. (yrs., or mos., or days) Five Months
Stay in this community (yrs., or mos., or days) all Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME James Albert Biddle, Jr.

3. (b) Social Security Number 215-14-3311

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: (none)
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Aug 29, 1923
8. AGE: Years 16 | Months 8 | Days 21 | If less than one day ____ hrs. ____ min.
9. Birthplace: Chestertown Md (Town, county, and state)
10. Usual occupation: Filling Station Attendant
11. Industry or business: Filling Station
12. FATHER — Name: Jas. A. Biddle, Jr. — Birthplace: Kent Co Md
13. MOTHER — Maiden name: Emma Hazel
14. Birthplace: Phila Pa
16. Informant: Mrs Jas A. Biddle (Mother)
Address: Chestertown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/22/39 (month) (day) (year)
Cemetery or crematory: Chester
Location: Chestertown Md.
18. Funeral director: Marvin V. Williams
Address: Chestertown Md.
19. May 21, 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20, 1940, at 4 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____, 19__ to ____, 19__; and that I last saw h__ alive on ____, 19__. Death was caused by:

Immediate cause of death: Shock, Ruptur Pelvis Ruptur Bladder & Head
Due to: and Crushing
Due to: Automobile Accident
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: No

DURATION: 7 hrs

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide? Accident Date of: May 19/40
Where did injury occur? Chestertown (City or town) Queen Anne (County) Md (State)
Injured at home, farm, industry, public place (where?) On Rte 213 Highway
Means of injury Auto Injured at work? No
23. SIGNATURE: Burl Stanley M.D. per Medical Reports. M. D. or other
Address: Chestertown Md
Date signed May 20/40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46 B)

CERTIFICATE OF DEATH

05538

Reg. Dist. No. 204

1. PLACE OF DEATH:

County Kent

City or town Rural - near Fairlee
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Sandy Bottom Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Hannah Butler

3. (b) Social Security Number NONE

4. Sex: Female

5. Color or race: African

6. (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or ~~wife~~ William Butler

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 14 1872

8. AGE: Years 67 Months 11 Days 26 If less than one day — hrs. — min.

9. Birthplace Kent County
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business "

FATHER
12. Name Jones
13. Birthplace Kent County

MOTHER
14. Maiden name Hannah Jones
15. Birthplace Kent County

16. Informant Daughter - Annie Conn

Address Sandy Bottom

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 14 1940 (month) (day) (year)

Cemetery or crematory Sandy Bottom

Location Near Fairlee

18. Funeral director Ralph H. Ausiting Inc

Address Chestertown, Md.

19. May 1940 (Date rec'd by registrar) F. H. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1940, at 5:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 31 1939, to May 10 1940, and that I last saw her alive on April 1940.

Immediate cause of death: Carcinoma of stomach chron Endo-myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Albert A. Burgard M. D. or ~~other~~

Address Rock Hall, Md Date signed 5/10/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 3 1940
BUREAU V. S.

Dr. Houck
05539

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent

City or town Kennedyville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Kennedyville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William Bennett Cleaver

3.(b) Social Security Number

4. Sex: Male

5. Color or race: W

6.(a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: married

6.(b) Name of husband or wife: Mrs Maud Cleaver

6.(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.): August 6 1868

8. AGE: Years 71 | Months 9 | Days 8 | If less than one day ... hrs. ... min.

9. Birthplace: Newcastle Co Delaware
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Isaac Cleaver
13. Birthplace: Newcastle Co Delaware

MOTHER
14. Maiden name: Elizabeth Bennett
15. Birthplace: Newcastle Delaware

16. Informant: Mrs Maud Cleaver

Address: Kennedyville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Middletown Del (month) (day) (year)

Cemetery or crematory: Middletown Del

Location: Middletown Del

18. Funeral director: B. R. Fellows

Address: Still Pond Md

19. May 16 1940 (Date rec'd by registrar) J. W. Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14 1940 at 5 P M

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from April 29 1940 to May 14, 1940 and that I last saw him alive on May 14, 1940

Immediate cause of death	DURATION
Coronary occlusion	
Due to Coronary disease	5 yrs.
Due to	
Other conditions Uremia associated	

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: H. Emerson Houck M.D. M. D. or other

Address: Galena, Md. Date signed 5/15/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M) (I) (T)

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

05540

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
County: Kent
City or town: 218 Lynchburg St. Chestertown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 82 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 218 Lynchburg St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: George Dean

3. (b) Social Security Number: None.

4. Sex: Male
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Margaret Dean
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Apr. 1, 1858

8. AGE: Years: 82 Months: 1 Days: 8 If less than one day ____ hrs. ____ min.

9. Birthplace: St. Marys County Maryland.
(Town, county, and state)
10. Usual occupation: farm laborer
11. Industry or business: farm

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: Unknown.
15. Birthplace: "

16. Informant: Isac Dean (Son)
Address: Chestertown RR #3 Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5/9/40 (month) (day) (year)
Cemetery or crematory: County Alms House
Location: Near Chestertown

18. Funeral director: Marvin V. Williams
Address: Chestertown Md.

19. May 9. 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 9 1940, at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935, to May 9 1940, and that I last saw him alive on May 8 1940.

Immediate cause of death: Chronic myo. Corditis — DURATION: 5 yrs
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Dr. Wm. Richmond, M. D. or other
Address: Chestertown Date signed: 5/9.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

05541

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Kent and Upper Queen Annes Hosp
Stay in hospital or inst. (yrs., or mos., or days): 2 days
Stay in this community (yrs., or mos., or days): 18 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Gloria Garrison

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 20, 1938

8. AGE:

Years	Months	Days	If less than one day
1	5	28	____ hrs. ____ min.

9. Birthplace: Chestertown, Kent Co; Maryland
(Town, county, and state)

10. Usual occupation: @ Infant

11. Industry or business

FATHER
12. Name: Leroy Garrison
13. Birthplace: Chestertown Md.

MOTHER
14. Maiden name: Elizabeth Cann
15. Birthplace: Chestertown Md.

16. Informant: Hospital Records
Address: Chestertown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/20/40 (month) (day) (year)
Cemetery or crematory: Chestertown
Location: Near Chestertown
18. Funeral director: Marion L. Williams
Address: Chestertown Maryland

19. May 20 19 40 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 18 1940, at 9:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 1940, to May 18 1940, and that I last saw h[illegible] alive on May 18 1940.

Immediate cause of death	DURATION
2° + 3° degree burns	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 5-16-40
Where did injury occur? Chestertown (City or town) Kent (County) Maryland (State)
Injured at home, farm, industry, public place (where?): Home
Means of injury: Fell in tub of hot water Injured at work? No

23. SIGNATURE: A C Dick, M.D. M. D. or other
Address: Chestertown, Md Date signed: 5-18-40

RECEIVED
MAY 25 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (181-a)

CERTIFICATE OF DEATH

05542

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main street
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Main St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Elizabeth Harten

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Fem.	Wh.	Widowed

6 (b) Name of husband or wife: George Harten
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 3rd 1860

8. AGE:

Years	Months	Days	If less than one day
79	9	21	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: —

FATHER
12. Name: Thomas Elliot
13. Birthplace: Maryland

MOTHER
14. Maiden name: not known
15. Birthplace: " "

16. Informant: daughter Mrs H. Crouch
Address: Rock Hall, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 27 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Stanley Chapel
18. Funeral director: Wm. H. Gorsuch
Address: Church Hill

19. May 24 1940 (Date rec'd by registrar) Mrs. J. B. Dunning Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 24 1940, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 17 1940, to May 24 1940, and that I last saw her alive on May 22 1940.

Immediate cause of death	DURATION
fracture of Neck of femur	
Chronic Endo-Myocarditis	
Due to chronic Nephritis	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of 3-17-40
Where did injury occur? Rock Hall (City or town) Kent (County) Md (State)
Injured at home, farm, industry, public place (where?): House
Means of injury: fell on floor Injured at work? No

23. SIGNATURE: Albert G. Bursard M.D.
M. D. or other
Address: Rock Hall Date signed 7/24/40

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-C

CERTIFICATE OF DEATH

05543

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Kennedyville Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Kennedyville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John D. Jennings

3.(b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Mary P Jennings
6.(c) If alive, give age: 88 years
7. Birth date of deceased (mo., day, yr.): Mar 15 1860
8. AGE: Years: 80 Months: 2 Days: If less than one day: hrs. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual occupation: Labor
11. Industry or business:
FATHER 12. Name: Edward Jennings
13. Birthplace: Baltimore Md.
MOTHER 14. Maiden name: Julia Schinerr
15. Birthplace: Snow Hill Md.
16. Informant: Dora Haddaway
Address: 745 East 30 St Baltimore
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 16 1940 (month) (day) (year)
Cemetery or crematory: Kennedyville Md
Location: Kennedyville Md
18. Funeral director: B R Fellows
Address: Still Pond Md.
19. May 16 1940 (Date rec'd by registrar) J McCabe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14 1940 at 7 A.M. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 12 1940, to May 14 1940
and that I last saw him alive on May 13- 1940

	DURATION
Immediate cause of death: Heart Attack. She died instantly	
Due to:	
Due to:	
Other conditions: Old age	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: James W. Reid, M. D. or other
Address: Kennedyville Date signed 5-15-40

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-D)

CERTIFICATE OF DEATH

05544

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 325 Cannon St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 36 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 325 Cannon St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Alvata Johnson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 25 1903

8. AGE: Years	Months	Days	If less than one day
36	7	19	hrs. min.

9. Birthplace: Chestertown Kent Co. Md. (Town, county, and state)

10. Usual occupation: House work

11. Industry or business: Home

FATHER 12. Name: Robert Johnson

13. Birthplace: Chestertown Maryland.

MOTHER 14. Maiden name: Susie Davis

15. Birthplace: Davis Hill Kent Co. Maryland.

16. Informant: Mrs Rachel Soldsbrough.

Address: 223 S Queen St Chestertown

17. Burial (Burial, cremation, or removal—which?) Date thereof 5/17/40 (month) (day) (year)

Cemetery or crematory: Chestertown

Location: Near Chestertown

18. Funeral director: Marvin V. Williams

Address: Chestertown Maryland.

19. May 16, 1940 (Date rec'd by registrar) Alice C. Small Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14 1940, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 14 1940, and that I last saw h[illegible] alive on May 13 1940.

Immediate cause of death	DURATION
(a) Cardio renal	
Mitral regurgitation	
Due to (b) Chronic Bronchitis	2
Due to (c)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: H. G. Simpson M. D. or other

Address: Chestertown Date signed 5/21/40

RECEIVED
MAY 18 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)(a)

05545

CERTIFICATE OF DEATH

Reg. Dist. No. 2-23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Kent
City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Charles Oliver Kendall

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Wh.	Married

6 (b) Name of husband or wife: Florence V. Kendall

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.): April 9 1865

8. AGE:

Years	Months	Days	If less than one day
75	10	28	____ hrs. ____ min.

9. Birthplace: Rock Hall, Md
(Town, county, and state)

10. Usual occupation: Retired mariner

11. Industry or business: —

FATHER
12. Name: Jaques Kendall
13. Birthplace: Rock Hall, Md

MOTHER
14. Maiden name: Mary Elizabeth Dadds
15. Birthplace: Queen Anne's Co.

16. Informant: Wife
Address —

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/10/40 (month) (day) (year)
Cemetery or crematory: Wesley Chapel
Location: Rock Hall Md.

18. Funeral director: Marvin L. Williams
Address: Chestertown Maryland.

19. May 8 1940 (Date rec'd by registrar) Mrs. T. B. Dunning Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 7 1940, at 9.50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18 1940, to May 7 1940, and that I last saw h— alive on May 7 1940.

	DURATION
Immediate cause of death: Cardio-renal condition	
myocardial failure	
Due to: arteriosclerosis	
Due to: Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE: A. A. Burgard M. D. or other
Address: Rock Hall, Md Date signed 7/7/40.

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (134)

CERTIFICATE OF DEATH

05546

Reg. Dist. No. 208

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Gratitude

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Gratitude
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Florence Celeste Schmelz

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem.	Wh.	married

6 (b) Name of husband or wife: Charles Schmelz

6(c) If alive, give age: 82 years

7. Birth date of deceased (mo., day, yr.): Oct 27 1861

8. AGE: Years	Months	Days	If less than one day
78	6	26	____hrs. ____min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: —

FATHER 12. Name: J. Carper

FATHER 13. Birthplace: Virginia, U.S.A.

MOTHER 14. Maiden name: Eliza Boudade

MOTHER 15. Birthplace: New Orleans

16. Informant: Husband Charles Schmelz

Address: Rock Hall, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 25 1940 (month) (day) (year)

Cemetery or crematory: Pound Ridge Cemetery

Location: Baltimore, Md

18. Funeral director: Ralph H. Boulton Inc.

Address: Chestertown, Md

19. May 23 1940 (Date rec'd by registrar) Mrs. T. B. Dunding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 23 1940, at 4 31 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18 1934, to May 23 1940, and that I last saw h-er alive on May 22 1940.

Immediate cause of death	DURATION
Cardiac decompensation	
Due to chron. Endo-Myocarditis	
chron. Nephritis	
Due to	
Other conditions: Hypertension arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Albert G. Burgard M.D.
M. D. or other

Address: Rock Hall, Md Date signed: 5/23/40

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Simpers.

05547

Reg. Dist. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown md
(If outside city or town limits, write RURAL and give nearest town)

Street No.: College ave
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Lillie Rash

3. (b) Social Security Number: Not

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	married

6.(b) Name of husband or wife: George Rash

6.(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Dec. 25, 1874

8. AGE:

Years	Months	Days	If less than one day
65	5	14	— hrs. — min.

9. Birthplace: Kent Co md
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

FATHER
12. Name: Alexander Crew
13. Birthplace: Kent Co.

MOTHER
14. Maiden name: Sarah Birch
15. Birthplace: Kent Co

16. Informant: George Rash
Address: Chestertown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 10 1940 (month) (day) (year)

Cemetery or crematory: Chester

Location: Chestertown md

18. Funeral director: B R Fellows

Address: Still Pond, Md.

19. May 10, 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 8 1940, at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 1, 1940, to May 8 1940 and that I last saw her alive on May 7 1940

Immediate cause of death	DURATION
Arteriosclerosis	6
Due to	(
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: H G Simpers M. D. or other

Address: Chestertown Date signed: 5-8-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B3-04)

05548

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Chestertown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: H12H, ST.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Kent

City or town CHESTERTOWN Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. H12H, ST.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME William Emory Reed

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret J. Reed

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): 7-23-1864

8. AGE: Years 75 | Months 10 | Days 5 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Kent County (Town, county, and state)

10. Usual occupation: Merchant

11. Industry or business: Store

FATHER 12. Name: George Reed

FATHER 13. Birthplace: Kent County

MOTHER 14. Maiden name: Naomi Biggs

MOTHER 15. Birthplace: Maryland

16. Informant: Howard S. Reed—Son

Address: Chestertown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 1 1940 (month) (day) (year)

Cemetery or crematory: Chester

Location: Chestertown Md

18. Funeral director: Ralph H. Disilton Inc.

Address: Chestertown, Md by J.W.W.

19. May 30 1940 (Date rec'd by registrar) Alice R. Spruce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29 1940, to May 29 1940, and that I last saw h— alive on May 29 1940

Immediate cause of death: Apoplexy

DURATION: 2 hrs

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE H. G. Simpers * M. D. or other

Address Chestertown Date signed 5-30-40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05549

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Kent & Upper Queen Anne's Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1 day
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Annes
City or town: Centreville R.F.D. #3 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.F.D. # 3
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Carrie A. Skinner

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Samuel Skinner (D) 1st
Mordicai Skinner (D) 2d
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 7, 1870

8. AGE: Years	Months	Days	If less than one day
70	3	18	hrs. min.

9. Birthplace [Rural] Near Henderson, Queen Anne Co. Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Samuel D. Downes (D)
13. Birthplace: Not known

MOTHER
14. Maiden name: Augusta V. Hollingsworth
15. Birthplace: Maryland

16. Informant: Hospital records
Address: Chestertown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 28, 1940 (month) (day) (year)
Cemetery or crematory: Fernwood Cemetery
Location: Landsdown, Pa.

18. Funeral director: Barton Bros
Address: Centreville, Maryland

19. May 25 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 25 1940, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1940, to May 25 1940, and that I last saw her alive on May 20 1940.

Immediate cause of death	DURATION
Post-operative shock	5 hours
Due to Operation for removal of pelvic tumor	6 mos.
Due to	
Other conditions Myocarditis, Urinary retention	3 8 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Pelvic tumor, probably myoma. Many pelvic adhesions.
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: A. C. Dick M. D. or other
Address: Chestertown, Md Date signed 5-25-40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

CERTIFICATE OF DEATH

05550

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Piney Neck

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. ~~Kent~~ County: Kent

City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Piney Neck.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Friedrich S'Taats

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Wh.	Widowed

6 (b) Name of husband or wife: Marie S'Taats

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Nov 25 1852

8. AGE: Years	Months	Days	If less than one day
87	5	8	____ hrs. ____ min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: retired

11. Industry or business

FATHER 12. Name:

FATHER 13. Birthplace:

MOTHER 14. Maiden name: Not Known

MOTHER 15. Birthplace:

16. Informant: Fr. Herm. S'Taats

Address: Rock Hall. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 6 1940 (month) (day) (year)

Cemetery or crematory: Wesley Chapel - Cemetery

Location: near Rock Hall.

18. Funeral director: Wm. H. Gord

Address: Church Hill Md.

19. May 4 1940 (Date rec'd by registrar) Mrs. T. B. Dunsdon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 3 1940, at 6:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1936, to May 3 1940, and that I last saw h~~im~~ alive on May 1 1940.

Immediate cause of death	DURATION
Old age	
Enlarged prostate	
Cysto-pyelitis	
Due to Uremia	
Due to Bronchitis	
Other conditions Chron Endo myocarditis	

(Include pregnancy within 3 months of death)

Major findings: —

Of operations: —

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: — Injured at work? —

23. SIGNATURE: A. A. Burgard M. D. or other

Address: Rock Hall, Md Date signed 5/4/40

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

05551

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent

City or town Chestertown R.D.# 3 Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: None

Stay in hospital or inst. (yrs., or mos., or days) None

Stay in this community (yrs., or mos., or days) all Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown R.D.# Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME James Edward Taylor

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Emma Taylor

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) May 1.1885

8. AGE: Years 55 Months Days 13 If less than one day ____ hrs. ____ min.

9. Birthplace Kent County Md
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Fishing Oystering

FATHER
12. Name Henry Taylor
13. Birthplace Germany

MOTHER
14. Maiden name Mary Etta Horner
15. Birthplace Kent County Md

16. Informant Mrs Emma Taylor

Address Chestertown R.D.#.Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/17/40 (month) (day) (year)

Cemetery or crematory Broad Neck.

Location near Chestertown

18. Funeral director Marvin V. Williams

Address Chestertown Maryland.

19. May 16. 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14.1940. 19 about 11A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend him. He was found dead and I investigated and signed certificate as Deputy Medical Exam. Kent Co.

Immediate cause of death: Coronary Thrombosis, Angina Pectoris

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operation None

Of autopsy None

DURATION: Several months; Some years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) 4.40

Means of injury Injured at work?

Frank Hines Md

23. SIGNATURE Deputy Medical Exam. Kent Co. M. D. or other

Address Chestertown Md Date signed May 14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05552

Reg. Diat. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 108 Prospect St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 79 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 108 Prospect St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Perry James Tillman

3. (b) Social Security Number: No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Col.	Married

6 (b) Name of husband or wife: Mary Eliza Tillman

6(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Dec. 4 1860

8. AGE:

Years	Months	Days	If less than one day
89	4	29	____ hrs. ____ min.

9. Birthplace: Kent Co. Maryland.
(Town, county, and state)

10. Usual occupation: Farm work

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: Rebecca Tillman
15. Birthplace: Kent Co. Md.

16. Informant: Mary Eliza Tillman
Address: 108 Prospect St. Chestertown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-6-40 (month) (day) (year)

Cemetery or crematory: Chestertown Md.

Location: Chestertown Md.

18. Funeral director: Warren L. Williams

Address: Chestertown Maryland

19. May 4 1940 (Date rec'd by registrar) Alice E. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 2 1940, at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 26 1940, to May 2 1940, and that I last saw h[illegible] alive on Apr 30 1940.

Immediate cause of death	DURATION
General Paralysis of the Insane	6 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: H. B. Simmons M. D. or other

Address: Chestertown Md. Date signed: May 3-40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

05553

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Chestertown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cross Street

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Cross St
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME John S. Vandegrift

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	

6 (b) Name of ~~husband~~ or wife Mary G Vandegrift

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 9 - 11 - 1861

8. AGE: Years	Months	Days	If less than one day
78	7	22	— hrs. — min.

9. Birthplace Chestertown Maryland
(Town, county, and state)

10. Usual occupation Barber

11. Industry or business Shop

FATHER 12. Name John S Vandegrift

13. Birthplace Kent County

MOTHER 14. Maiden name Not known

15. Birthplace " "

16. Informant Mary G Vandegrift - Wife

Address Chestertown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5 6 '40 (month) (day) (year)

Cemetery or crematory Chester

Location Chestertown Maryland

18. Funeral director Ralph H Wilton Inc

Address Chestertown Md

19. May 6, 1940 (Date rec'd by registrar) Alice C Smale Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 1:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8 1939, to May 3 1940, and that I last saw him alive on May 3rd 1940

Immediate cause of death	DURATION
Diabetes Mellitus	5 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. B. Simmons M. D. ~~or other~~

Address May Chestertown Md Date signed May 6 '40

RECEIVED
MAY 28 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

05554

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: near Norton rd Still Pond creek
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rural Still Pond Creek near Norton Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Still Pond creek
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: T Lomas Walters

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	X	married

6.(b) Name of husband or wife: mary Waters

6.(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): May 10 1880

8. AGE:

Years	Months	Days	If less than one day
60		21	hrs. min.

9. Birthplace: Lynch Md. Kent Co
(Town, county, and state)

10. Usual occupation: Farm Labor

11. Industry or business: Farm

FATHER
12. Name: Joe Walters
13. Birthplace: Kent Co - md

MOTHER
14. Maiden name: unknown
15. Birthplace: Kent Co maryland

16. Informant: Mary Waters
Address: Still Pond Creek near Norton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 2 1940 (month) (day) (year)

Cemetery or crematory: Colemans

Location: Colemans Md near Betterton

18. Funeral director: B R Fellows

Address: Still Pond md

19. June 4 1940 (Date rec'd by registrar) J M Black Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 30 1940 at 10 a. M

I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19... and that I last saw h... alive on ... 19... I further certify that death occurred at the time and from the cause stated below.

Immediate cause of death: Heart Disease DURATION

Due to: Coronary Thrombosis hours

Due to: Chronic Nephritis

Due to: Pyelitis

Other conditions: Prostate

(Include pregnancy within 3 months of death)

Major findings of operation: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? None
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Dan Hine M. D. or other
Kent Co Maryland

Address: Pheasant Md Date signed: June 4 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

05555

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent

City or town Betterton Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 months

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Betterton
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME William Watt

3. (b) Social Security Number —

4. Sex Male

5. Color or race White

6.(a) Single, married, widowed, or divorced married

6.(b) Name of ~~husband~~ or wife Lena Watt

6.(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Dec 16 1860

8. AGE: Years 79 | Months 5 | Days 3 | If less than one day ... hrs. ... min.

9. Birthplace Somerville N J
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business —

FATHER
12. Name Samuel Watt
13. Birthplace Ireland.

MOTHER
14. Maiden name Jane Graham
15. Birthplace Ireland.

16. Informant Lena Watt
Address Betterton, Md.

17. cremation
(~~Burial~~, cremation, or ~~removal. Which?~~)
Date thereof May 31/40
(month) (day) (year)

~~Cemetery~~ or crematory Silver Brook

Location Wilmington Del

18. Funeral director B R Fellows,
Address Still Pond Md.

19. May 31 1940
(Date rec'd by registrar)
J W Clark
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1940 at 1010 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20th 1940, to May 29 1940 and that I last saw h~~e~~ alive on May 29th 1940

Immediate cause of death Chronic Endocarditis
Duration: not stated C.W.G.R.

Due to

Due to

Other conditions Arterial Sclerosis
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. C. Atwell
M. D. or other

Address Still Pond Date signed 5/31/40